JN 1 7 2005 (g)	PTO/SB/17 (12-04) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE			
Unds the Paperwork Reduction Act of 1995, no persons are required to re				
Effective on 12/8/2004. PRES pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).		Complete if Knowl	n	
Frees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Number	09/836,589		
FEE TRANSMITTAL	Filing Date	April 17, 2001		
	First Named Inventor	Wiederin, et al.		
For FY 2005	Examiner Name	Smith, T.		
	Art Unit	3629		
☐ Applicant Claims small entity status. See 37 CFR 1.27	Customer No.	25537		
TOTAL AMOUNT OF PAYMENT (\$) 910.00	Attorney Docket No.	09710-1048		
METHOD OF PAYMENT (check all that apply)				
Check Credit Card Money Order None Other (please identify):				
X Deposit Account Deposit Account Number: 13-2491 Deposit Account		١		
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below				
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments				
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card information and				
authorization on PTO-2038.				
FEE CALCULATION				
1. BASIC FILING, SEARCH, AND EXAMINATION FEES		TONECEO		
FILING FEES SEARCH FEES Small Entity <u>Small</u> En		ION FEES all Entity		
Application Type Fee (\$) Fee (\$) Fee (\$)		Fee (\$)	Fees Paid (\$)	
Utility 300 150 500 250	200	100		
Design 200 100 100 50	130	65		
Plant 200 100 300 150) 160	80		
Reissue 300 150 500 250	600	300		
Provisional 200 100 0	0	0		
2. EXCESS CLAIM FEES			Small Entity	
Fee Description Fee (\$) Fee (\$)				
Each claim over 20 or, for Reissues, each claim over 20 and more that	n in the original patent		50 25	
Each independent claim over 3 or, for Reissues, each independent cla	im more than in the orig	ginal patent	200 100	
Multiple dependent claims		M. Kinia Danamalant C	360 180	
Total Claims Extra Claims Fee (\$) Fee Pai		Multiple Dependent C Fee (\$)	ee Paid (\$)	
40 - 40 = 0 x \$50.00 = \$ HP = highest number of total claims paid for, if greater than 20	0.00		<u></u>	
Indep. Claims Extra Claims Fee (\$) Fee Pai	d (\$)	\$360.00		
	0.00			
HP = highest number of independent claims paid for, if greater than 3				
3. APPLICATION SIZE FEE				
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)				
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).				
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) 0 - 100 = 0 /50 = 0 (round up to a whole number) x \$250.00 = \$ 0.00				
4. OTHERT EE(0)				
<u> </u>				
Other: Request for continued examination (RCE)	·		120.00	
Extension for response within first month			120.00	

SUBMITTED BY		
Signature Registration No. (Attorney/Agent) 44658	Telephone	(703) 425-8508
Name (Print/Type) Phouphanomketh Ditthavong	Date	June 15, 2005